

RECEIVED
CENTRAL FAX CENTER

MAR 24 2009

** TX STATUS REPORT **

AS OF JAN 21 2009 17:25 PAGE.01

| | DATE | TIME | TO/FROM | MODE | MIN/SEC | PGS | JOB# | STATUS |
|----|-------|-------|-------------|------|---------|-----|------|--------|
| 14 | 01/21 | 17:18 | 81357952682 | EC-S | 06'09" | 017 | 206 | OK |

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Approved for use through 01/31/2009, USPTO Form 1001-001

Under the Provisions of the Patent Act of 1952, no person is required to submit to a deposition of information unless it contains a valid OIAU control number.

TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 16

| | |
|------------------------|--------------------------|
| Application Number | 10541320 |
| Filing Date | July 1, 2005 |
| First Named Inventor | Kiyomasa HUKUSAWA et al. |
| Art Unit | 1704 |
| Examiner Name | Katechi Pagan |
| Attorney Docket Number | 121030-0005 |

ENCLOSURES (Check all that Apply)

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Affidavit <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Amendment/Information(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revision <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Return <input type="checkbox"/> CO, Number of CO(s) <input type="checkbox"/> Landscape Table on CO <input type="checkbox"/> Remarks | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interventions <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Request, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosures (please identify below) |
|--|--|---|

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|--------------|-----------------------------|
| Firm Name | BUTZEL LONG |
| Signature | <i>Michael E. Gaykowski</i> |
| Printed name | Michael E. Gaykowski |
| Date | January 21, 2009 |
| Reg. No. | 32,818 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being (electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480 on the date shown below:

| | | | |
|-----------------------|-----------------------------|----------------------|------------------|
| Signature | <i>Michael E. Gaykowski</i> | Date | January 21, 2009 |
| Typed or printed name | | Michael E. Gaykowski | |

This extension of information is required by 37 CFR 1.5. The information is required to obtain or retain a patent by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 CFR 1.12 and 37 CFR 1.11 and 1.14. The information is determined to be confidential to the individual case. Any comments on the gathering, processing, and submitting the completed application form to the USPTO. This will vary depending upon the individual case. Any comments on the amount of time you require to complete this form under suggestion by reducing this burden, please write to the Chief Information Officer, 11 & Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. Do NOT SEND FEES OR COMPLETION LINKS TO THE ADOCS, send to: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

If you need assistance in completing the form, call 1-800-PTO 0109 and select option 2.

MAR 24 2009

PTO/SB/21 (12-08)

Approved for use through 01/31/2009. OMB 0551-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

16

Application Number

10/541,339

Filing Date

July 1, 2005

First Named Inventor

Kiyofumi FUKASWA et al.

Art Unit

1798

Examiner Name

Kalechi Egwin

Attorney Docket Number

121036-0085

ENCLOSURES

(Check all that apply)



Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Reply to Missing Parts/
Incomplete ApplicationReply to Missing Parts
under 37 CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a
Provisional Application

Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____

☐ Landscape Table on CD

Remarks



After Allowance Communication to TC

Appeal Communication to Board
of Appeals and InterferencesAppeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify
below):**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

BUTZEL LONG

Signature

Printed name

Michael S. Gzybowski

Date

January 21, 2009

Reg. No.

32,816

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

Michael S. Gzybowski

Date

January 21, 2009

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

MAR 24 2009

PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2009☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 130.00

Complete if Known

| | |
|----------------------|-------------------------|
| Application Number | 10/541,339 |
| Filing Date | July 1, 2005 |
| First Named Inventor | Kiyofumi FUKASWA et al. |
| Examiner Name | Kyle Baumstein |
| Art Unit | 1796 |
| Attorney Docket No. | 121026-0085 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 12-2136 Deposit Account Name: BUTZEL LONG

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 330 | 165 | 340 | 270 | 220 | 110 | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|
|--------------|--------------|----------|---------------|

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
|---------------|--------------|----------|---------------|

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
|--------------|--------------|--|----------|---------------|

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): One month extension of time

130.00

SUBMITTED BY

Signature

Name (Print/Type)

Michael S. Gzybowski

Registration No.

(Attorney/Agent)

32,816

Telephone 734-995-3110

Date January 21, 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.